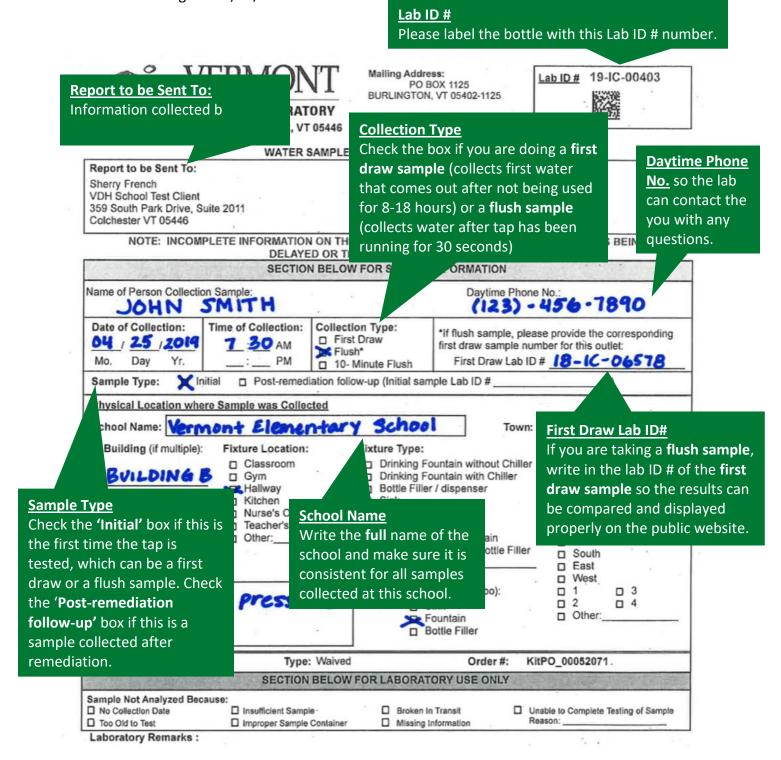


## **How to Fill out the Water Sample Collection Information Form (Kit SL – School Lead)**

## Please complete a separate form for each first draw, and for each flush sample.

In this example, John Smith was the sampler from Vermont Elementary School in Burlington. John collected a flush sample from the combo fountain/bottle filler station in the hallway near the entrance to room 210 of Building B on 4/25/2019 at 7:30 a.m.





## **How to Fill out the Water Sample Collection Information** Form (Kit SL - School Lead)



DEPARTMENT OF HEALTH LABORATORY 359 SOUTH PARK DRIVE, COLCHESTER, VT 05446 Mailing Address: PO BOX 1125 **BURLINGTON, VT 05402-1125** 

Lab ID# 19-IC-00403

(802) 338-4724 or (800) 660-9997 (VT Only) www.healthvermont.gov

WATER SAMPLE COLLECTION INFORMATION		
Report to be Sent To: Sherry French VDH School Test Client 359 South Park Drive, Suite 2011 Colchester VT 05446	Kit Information: Included Te Metals by	
Write in the room number if there is one. If the fixture is in a hallway, describe where.  Sample Type:  Initial P dediation follow-up (Initial sample Laboration Where Same As Collected School Name:    Sample Type:   Initial P dediation follow-up (Initial sample Laboration)   Physical Location where Same As Collected   School Name:   Initial P dediation follow-up (Initial sample Laboration)   Physical Location where Same As Collected   School Name:   Initial P dediation follow-up (Initial sample Laboration)   Physical Location where Same As Collected   Initial School Name:   Initial P dediation follow-up (Initial sample Laboration)   Initial School Name:   Initial P dediation follow-up (Initial sample Laboration)   Initial School Name:   Initial P dediation follow-up (Initial sample Laboration)   Initial School Name:   Initial P dediation follow-up (Initial sample Laboration)   Initial School Name:   Initial P dediation follow-up (Initial sample Laboration)   Initial School Name:   Initial P dediation follow-up (Initial sample Laboration)   Initial School Name:   Initial P dediation follow-up (Initial sample Laboration)   Initial School Name:   Initial P dediation follow-up (Initial sample Laboration)   Initial School Name:   Initial P dediation follow-up (Initial sample Laboration)   Initial School Name:   Initial P dediation follow-up (Initial sample Laboration)   Initial P dediation follow-up (Initial sample Laboration)		
SECTION BELOW FOR LABORATORY USE ONLY		
Sampler's Comments  If this is a sample from a license program (preschool or after schwrite "child care" here. If there unusual or unique about the sa fixture, also write it in this box.	ed child care nool), please is anything mpling or each	xture Detail nly use this section if there are multiple xtures in the same location and more formation is needed to differentiate them e.g. there are two water fountains next to each other, check the box if you are ampling from the left one or right one).

DO NOT PHOTOCOPY

ONLY ORIGINAL WATER SAMPLE COLLECTION INFORMATION FORM CAN BE SUBMITTED WITH SAMPLE

CHEM 202 (04/2019)